2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N02000001094

Entity Name: NORTH/SOUTH FLORIDA DRUG REHABILITATION, INCORPORATED

Current Principal Place of Business:

608 NORTH JULIA ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

608 NORTH JULIA ST.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 26-0000195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANDOLPH, LESTER
4207 LAROSA DRIVE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: RANDOLPH, LESTER
Address: 4207 LAROSA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD ( ) Delete
Name: HAMPTON, GENO
Address: 100 ARBOR COURT
City-St-Zip: KINGSLAND, GA 31548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENO HAMPTON VD 04/26/2005

Electronic Signature of Signing Officer or Director — Date